

12-20-00

12/18/00

NAMED INVENTOR OR APPLICATION IDENTIFIER: **RANDY L. MERRY, ANDREW C. HODGES AND KURT R. LINDBERG**
INTEGRATED SOFTWARE SYSTEM FOR IMPLANTABLE MEDICAL DEVICE INSTALLATION AND MANAGEMENT

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D C 20231, "EXPRESS No. EL084632260US, on this 18 day of DECEMBER, 2000.

FRAYDA M. NITSCHKE

Printed Name

Signature

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, D.C. 20231

jc690 U.S. PTO
09/740078
12/18/00

Sir:

We are transmitting herewith the attached:

☒ **Patent Application Transmittal**

☒ **Specification:**

Total pages: 26 (including claims and abstract: Spec. 21 sheets; Claims 4 sheets; Abstract - 1

☒ **Drawings:**

Total sheets: 23

☐ formal ☒ informal

☒ **Combined Declaration and Power of Attorney: (UNSIGNED)**

☐

newly executed

☐

copy from prior application

☐

Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☒ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

☐

Notification of filing a

☐

Assignment of the Invention to Medtronic, Inc.

☐

Assignment cover sheet

☐

Information Disclosure Statement

☐

PTO Form 1449

☐

Copies of IDS citations

☐

Preliminary Amendment

☐

A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

☒ Return Postcard

IF A CONTINUING APPLICATION:

☐

Continuation

☐

Divisional

☐

Continuation-in-part (CIP)

of prior application No. / .

☐

Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation
☐ division ☐ continuation in part of application number , filed .

☐

Cancel in this application original claims of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)

☐

The prior application is assigned of record to Medtronic, Inc.

☐

The Power of Attorney in the prior application is to: .

X This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) 60/173,082, filed DECEMBER 24,
1999.

X Address all future correspondence to: GIRMA WOLDE-MICHAEL, Reg. No. 36,724
Medtronic, Inc., MS 301
7000 Central Avenue NE
Minneapolis, Minnesota 55432
phone: (763)514-6402

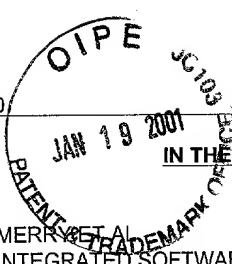
FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	26	20	= 6	x 18	108
Independent Claims	2	3	= 0	x 80	0
Multiple Dependent Claims	0			+ 270	0
Basic Filing Fee					710
				TOTAL	818

Charge Deposit Account No. 13-2546 the sum of \$818.00 (Filing Fee) and \$40.00 for Assignment recordation fee for a total of
\$818.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any
overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

12/18/2000
Date


GIRMA WOLDE-MICHAEL Reg. No.36,724
MEDTRONIC, INC.
7000 Central Avenue N.E.
Minneapolis, Minnesota 55432
Telephone: (763) 514- 6402



In re Application of:
For:
Serial No.:
Filed:

MERRY ET AL
INTEGRATED SOFTWARE SYSTEM FOR IMPLANTABLE MEDICAL DEVICE INSTALLATION AND MANAGEMENT
09/740,078
DECEMBER 18, 2000

CERTIFICATE UNDER 37 CFR §1.8 I hereby certify that this **Response and Transmittal** and the paper(s), as described herein are being deposited with the United States Postal Service, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on this 17 day of January, 2001.

Debra A. Bailey
Signature
Debra A. Bailey
Printed Name

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- X Amendment Transmittal
X Preliminary Amendment
X Return Postcard

FEE CALCULATION: NO NEW CLAIMS

FEE CALCULATION	No. of Claims Filed	No. of Claims Previously paid for	No. of Extra Claims	Rate	Fee
Total Claims				x 18	
Independent Claims				x 80	
Multiple Dependent Claims				+ 270	
TOTAL					

☐ Applicant hereby petitions for _____ months' extension of time. If an additional extension of time is required, please consider this petition therefor.

☐ Please charge Deposit Account No. 13-2546 \$ _____ for extension of time and \$ _____ For _____ for a
TOTAL OF \$.00

X Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked on this Amendment Transmittal with regard to this filing. A duplicate of this transmittal is enclosed.

X Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.

01/16/01
Date

Girma Wolde-Michael
Girma Wolde-Michael, Reg. No. 36,724
MEDTRONIC, INC.
7000 Central Avenue N.E.
Minneapolis, Minnesota 55432
Telephone: (763) 514-6402